



TR2

City of Des Moines, Iowa
Travel Reimbursement Request
Do NOT Duplicate

Name: Rodrigo Santizo
Position: Sergeant, SRO Unit
Department: Police Dept.
Meeting Sponsor: Axon (Taser)
City/State: New York City, NY

Date Of Request: 10/12/2017

Dates Travel Authorized

From 10/1/2017
To 10/7/2017

Expenses:

Reimbursement Requested For:	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Line Totals
	Date	10/1/2017	10/2/2017	10/3/2017	10/4/2017	10/5/2017	10/6/2017	10/7/2017	
Transportation									
Other than Air Travel									
Air Transportation		25.00	0.00	0.00	0.00	0.00	0.00	25.00	
Lodging		220.37	220.37	220.37	220.37	220.37	220.37	0.00	50.00
Meals: ^t	Breakfast	6.00	6.00	6.00	6.00	6.00	6.00	6.00	1,322.22
	Lunch	9.00	9.00	9.00	9.00	9.00	9.00	9.00	42.00
	Dinner	19.00	19.00	19.00	19.00	19.00	19.00	0.00	63.00
Local Transportation		81.68	0.00	0.00	0.00	0.00	0.00	0.00	114.00
Telecommunications									81.68
Registration Fee		899.00							899.00
Reimbursable Totals		1,260.05	254.37	254.37	254.37	254.37	254.37	40.00	2,571.90
Air Travel Charged Through City Travel Agency ^{††}				(memo No.:					411.00
									2,982.90

[Signature] 10-20-17 Certification Of Person Making Request / Date

[Signature] 10/19/17 Department Director's Approval / Date

^t Use an asterisk (*) to indicate meals sponsored by the convention or meeting.
†† No warrant necessary.

[Signature] 10/19/17

Account to be Charged

Account	Organization	Project
528650	10226000	

Finance Department Auditor's Approval

Date

For City Treasurer's Use Only

Voucher # _____

Amount Advanced

Amount Of Unspent Advance Repaid

Net Advance

Amount Reimbursed

Balance Due from Traveller

Date: 10/24/17 Check #: 445870

Date: _____ Check #: _____

100.32

City of Des Moines, Iowa
Travel Reimbursement Request
 (after January 1, 2019)

REC'D 5-22-19
 MAY 22 2019
 By _____

Date: 05/08/2019

TR 2

Name: Rodrigo Santizo
 Position: Sergeant
 Department: Police
 Meeting Sponsor: Axon
 City: Phoenix

State: AZ

Meeting Dates		Dates Travel Authorized		Net Trip Cost to City
From	To	From	To	
05/02/2019	05/06/2019	05/01/2019	05/06/2019	\$ 3,583.64

Non-City Subsidy: Organization: _____
 In-Kind (airfare, lodging, regist., meals): _____

Cash Reimbursement: _____
 Total Costs by Non-City: _____

Expenses:

Transportation

Airfare; Ticket Charge
 City Vehicle (gas expense)
 Private Vehicle _____ miles at \$0.58

Paid to Vendor by Accounting	Expenses Paid by Traveler
604.60	-
N/A	-
N/A	-

Car Rental Please Include original detailed receipt.

N/A	349.46
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Lodging

Please Include original detailed lodging receipt.

N/A	789.56
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Registration

1,495.00	-
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Meals

56.00 Per diem rate

0% Day Trip of 12 hours or more: Y/N N

1 First Day of Travel
 4 Full Day _____ 0 Number of Personal Days
 1 Last Day of Travel

Number of Meals provided by Hotel/Sponsor/Conference:

0 Breakfast	0 Lunch	0 Dinner	N/A	308.00
or	0 Full Day			

Miscellaneous Expenses

Please Include original detailed receipt for any miscellaneous expenses.

Luggage (Return flight only)	\$ 30.00		
Car Rental Fuel	\$ 7.02		
	\$ -	N/A	37.02

Account to be Charged

Organization	Object	Project	
11225000	528650		2,099.60
			1,484.04
			Grand Total: 3,583.64

Certification of Person Traveling: *R. Santizo*

Date: 5-21-19

Department Director Approval: *Wungert*

Date: 5/23/19

Finance Department's Approval: _____

Date: _____

Amount Advanced:

Amount of Advance Repaid:

Net Advance:

Balance Due from Traveler:

Voucher #:

Amount to be Reimbursed: 389.83 5-29-19

485230

TR 2